



# HIV/HCV RAPID TEST REACTIVE/NONREACTIVE CONTROL LOG

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN 59072 (12/2017)

Facility Name				Date				
Street Address			City	Zip Code				
Contact Person			Telephone Number					
<p><b>Return a copy of this form every time controls are performed to:</b> North Dakota Department of Health Division of Disease Control 2635 East Main Avenue P.O. Box 5520 Bismarck, N.D. 58506-5520 <b>Fax Number: 701.328.0355</b></p> <p><b>For any questions or concerns, contact the HIV.STD.Viral Hepatitis Prevention Coordinator at 701.328.2366.</b></p>			<ol style="list-style-type: none"> <li>Please complete this form when performing the HIV SURE CHECK® HIV 1/2 and HCV OraQuick® Reactive/Nonreactive Controls.</li> <li>Run the kit controls under the following circumstances: <ul style="list-style-type: none"> <li>Each new operator prior to performing tests on patient specimens, <b>(O)</b></li> <li>When opening a new test kit lot, <b>(L)</b></li> <li>Whenever a new shipment of test kits is received, <b>(S)</b></li> <li>If the temperature of the test storage area falls outside <b>(T)</b>: HIV SURE CHECK® Test: 8° to 30°C (46° to 86°F) HCV OraQuick® Test: 2° to 30°C (36° to 86°F)</li> <li>If the temperature of the testing area falls outside <b>(T)</b>: HIV SURE CHECK® Test: 18° to 30°C (64° to 86°F) HCV OraQuick® Test: 15° to 37°C (59° to 99°F)</li> <li>At least once every six (6) months. <b>(M)</b></li> </ul> </li> <li>Form shall be submitted to the HIV.STD.Hepatitis Prevention Coordinator each time a control is performed. Forms via email or fax to 701.328.0355.</li> <li>If the HIV or HCV control reagents do not produce the expected results, the test should be repeated with a new test device. If they still do not produce the expected results, contact the HIV.STD.Hepatitis Prevention Coordinator. Additional questions can be directed to Chembio at 1.844.CHEMBIO (1.844.243.6246) for HIV rapid test questions or Orasure at 1.800.ORASURE (1.800.672.7873).</li> </ol>					
Name of Person Performing Controls	Date	Reason for Performing Controls (O, L, M, S, T)	Test Lot Number & Expiration Date	Controls	Result	Control Lot Number	Control Expiration Date	Date Reported to Disease Control
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			
				HIV 1 Reactive HIV 2 Reactive HIV Nonreactive HCV Reactive HCV Nonreactive	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Negative			